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MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

COMMISSION MEETING MINUTES
March 24, 2006

I. Call to Order and Roll Call

Chair Steinberg called the meeting to order at 9:00 a.m.

Present were Commissioners Wesley Chesbro, Carmen Diaz, F. Jerome Doyle, Saul Feldman, Linford Gayle, Karen Henry, Kelvin Lee, Andrew Poat, Darlene Prettyman, Darrell Steinberg.

Absent at roll call were: Commissioners Mary Hayashi, Patrick Henning, Gary Jaeger, William Kolender, and Mark Ridley-Thomas

Tricia Wynne represented Commissioner Lockyer

II. Welcome, Purpose of Meeting

Chair Steinberg welcomed the Commissioners and public members to the meeting. Today the Commissioners will hear about the Community Services and Supports Committee and what is occurring trend-wise across the state in terms of the review of the community services and supports plan. Some of the key issues will be identified.

Next the Prevention Committee will report on their work. Some of the top medical researches will present early detection and preventive treatment services.

III. Community Services and Supports Committee

Ms. Wynne provided the following presentation:

- The CSS Committee has received 44 county plans, 36 have been reviewed and comments have been completed on 21 of the plans. A number of the counties have proposed to train and re-train their staff in wellness and recovery. The Committee does have a concern that there may be many different approaches to the training and a lack of standards could result in uneven implementation. She said she was hoping to get some direction from the Commission in terms of whether they would like to come up with a statewide plan on the training programs, or should each county do their own training.
    - Rose King reported on a meeting she attended at CMIH regarding training and the discussion of agreeing upon some standards for wellness recovery resiliency. The Planning Council, which has the lead responsibility for workforce development, is going to convene a task force that will involve the Commission, as well as other parties, who are involved in training to define this. There is not yet, at the State level, any agreement on what wellness recovery resiliency means and then how that will get translated county-by-county.
        - Chair Steinberg asked what the different approaches are that counties are using in terms of training. Ms. King said the counties are not talking about the content of their approaches, so she doesn't know what those

are, but they are proposing in their plans a wide range of investment in training of existing personnel and new work force.

- Commissioner Lee asked if in the development of the curriculum was there not some pattern of systematic approach to achieve a goal identified, or at least internal standard of measurement. Are the measurements consistent in the different plans that she has seen. Ms. King said there is very little known about their methodologies.
- Mr. Van Horn said only a few counties have indicated major investments. Los Angeles is one of them and in their plan there is not the level of detail you would like, because the proposals in their plan were put together by outside groups.

(Tape stops at this point and picks up with Commissioner Hayashi's report.)

IV. Framework for Developing Comprehensive Approach to Prevention: Presentation

Sergio Aguilar-Gaxiola, Director, Center for Reducing Health Disparities, UC Davis provided a presentation (please refer to the Power Point presentation given to you at the beginning of our March meeting).

V. Prevention Committee Report

Commissioner Hayashi provided the following report.

- The Committee roster will be on the website for those who are interested in seeing the composition of the Prevention Committee.
- The Prevention Committee met yesterday and developed a one-year process on how to get to a statewide prevention plan. The Committee is giving itself one year to develop a comprehensive prevention and early intervention plan. She summarized three major steps. (1) In July the Committee will convene an expert panel conference for the Prevention and Early Intervention Committee members. Experts will be invited to talk about model programs, statistics, cultural competency issues, etc. The Committee will be drafting its funding priorities and a draft prevention plan for the State after this conference. (2) Regional hearings will be conducted out in the communities to share the draft report and solicit input. The approach will include theory of transformation and as input is received from the hearings, changes will be made to the prevention plan. (3) The final step will be to bring it back to the full Commission for their input.
- The partnership with DMH was discussed and the Committee is very appreciative of Dr. Mayberg's leadership and involvement. The Committee knows it needs to be accountable in providing leadership in the area of prevention, and it will provide a comprehensive plan that will prevent and provide early intervention. To ensure the full partnership and cooperation of DMH the Committee has offered a seat on the Committee to a representative from DMH.
- The Committee is still working on developing its vision statement, the guiding principles, and a detailed timeline to implement its plan.

Commissioner Prettyman provided the following report.

- Commissioner Prettyman recognized the Commissioners who serve on the Committee; Dr. Feldman and Jerry Doyle.

- Beverly Whitcomb attended the Committee meeting as the DMH liaison.
- Some timelines for the Committee's objectives were established at yesterday's meeting. There was discussion of development of a definition vision and guiding principles.
- Commissioner Feldman agreed to organize literature and research resources on prevention and early intervention.
- The Committee has adopted the theory of transformation.
- Commissioner Prettyman invited either Dr. Feldman or Commissioner Doyle to make comments.

Ms. Clancy verified that the July event is to develop drafts of the definition, vision, and guiding principles around education, as well as to provide education to the Prevention Committee members and other Commissioners who are interested in attending. Public will be invited in accordance with Bagley Keene.

- Commissioner Doyle thanked Dr. Aguilar-Gaxiola for his presentation. The Prevention Committee wants to learn and study and make sure it understands state-of-the-art prevention and intervention so they can understand it as they role out policies. Everything will be done in draft form and everyone will be invited to have feedback and input.
    - Commissioner Diaz asked what parent of a child (0-5 or 5-15) is there on the Committee. Commissioner Prettyman said at this time there is not, but she welcomed Commissioner Diaz to come to the meetings and they are looking for that person to be on the Committee. Commissioner Diaz said the Committee needs to really try to access someone for this group to participate on the Committee.
    - Commissioner Henry asked how the public policy papers fit in with developing actual criteria that the Committee receives public comment on. Commissioner Hayashi said the Committee is trying to come up with policy papers and from there it can further develop the solutions. Chair Steinberg asked if the Committee is planning to draft prevention guidelines prior to July 2006 when the education summit is held. Commissioner Hayashi said that there would not be a draft prior to the July conference. A draft will be prepared after the conference. Then a series of regional meetings will be held to get further input and then after that a draft will be presented to the Commission.
    - Commissioner Lee asked how the education professional organizations will have accessed for this process. Commissioner Hayashi said with regards to the expert panel meeting she would like the Commission's input on who should be invited to speak, and the Committee would like to partner with organizations and/or invite them to present at the hearing and provide feedback. Commissioner Lee said he will provide names of experts (preschool through adult education) and that they should be notified as soon as possible.
- Dr. Feldman reminded the Commission that funding on Prop 63 is divided into specific categories. The prevention and innovation funds are the only ones over which the Commission has direct authority and responsibility. There is a strong intent for the Prevention Committee to exercise leadership in this area. It is most likely that this Committee will be the mechanism for transformation and it is an awesome responsibility.

VI. Early Detection and Preventive Treatment Services (EDAPTS): Presentation

Dr. Tyrone Cannon provided the following presentation:

- The top 5 most expensive medical conditions in the U.S are (1) heart disease, (2) pulmonary disorders, (3) Mental disorders, (4) cancer and (5) trauma.
- Costs of mental illness to society is over $62 billion annually for schizophrenia alone, $22 billion for direct care (outpatient services, hospitalization, drugs, long-term care), and $40 billion for other costs.
- Advantages for prevention strategies in medicine include decreased morbidity, decreased mortality, reduced health care service utilization, reductions in social costs of care and work disability, improved quality of life, decreased care-giver burden. For common medical conditions, early detection and preventive intervention strategies have proven feasible and cost-effective. Can this approach be extended to MMDs and can we identify particular groups who are at greatest risk (i.e., target for screening)?
- Dr. Cannon explained the pathway to serious mental illness and the model of progression from prodrome to psychosis. So, we know whom and when to screen, and a screening interview with adequate reliability and predictive validity. The next question is how to intervene.
    - Drug treatment in the prodromal phase of Schizophrenia show patients on medications had greater symptom reduction and less risk of conversion than placebo group. Differences appear to go away after discontinuation of drug therapy and with longer periods of follow-up.
- UCLA Prevention Research Center provided psychosocial treatment package focusing on prevention of social and occupational disability, drug treatment as needed, and MIMH funded research program on neurobiological predictors of conversion and course of change.
- Early Detection and Preventive Treatment Services (EDAPTS) is based on current knowledge base and procedures implemented in established programs (Melbourne, New Haven, Maine, Manchester, and UCLA.
    - There are four University of California programs participating; UC Los Angeles, UC San Diego, UC San Francisco, UC Davis.
    - Dr. Cannon reviewed EDAPTS Modules and Goals. Module 1 is Community-based education and outreach, Module 2 is ascertainment and assessment of at risk groups, Module 3 is psychosocial interventions and Module 4 is pharmacological interventions.
    - Phase I focuses on the development of manuals that implement the four modules, the provision of training and calibration procedures, and conducting an on baseline comparison on 20 patients so that collectively information will have been developed on 80 patients by the end of Phase 1.
    - Phase 2 is focused on moving the program into other settings in the local community. At some of the sites Models 1 and 2 will be implemented and at other sites all four modules will be implemented.
    - Phase 3 is one in which the four UC sites would form regional consultation teams and contract with mental health settings from throughout the state who would like to implement EDAPTS.
    - The advantages of this program are that EDAPTS will leverage effectively the investments that have already been made and applying a current state of knowledge. This will provide scientifically acceptable standard of proof of differential effectiveness of EDAPTS compared with treatment as usual. This program will quantify benefits to taxpayers in terms of reductions in the cost of care and disability.

Commissioner Chesbro thanked the Staglin family for helping fund this research. He said there is a concern with the overhead problems at the University of California relative to the cost or contracting and this is something that needs to be looked at carefully.

Commissioner Diaz said Dr. Cannon's presentation was good, but there are some scientific references that she does not understand. Dr. Cameron Carter, with the University of California at Davis, said typically in schizophrenia you don't know the patient has schizophrenia until they become ill. The earliest signs may be that the person has trouble paying attention, they withdraw socially, and then they start to be odd, and this is what is called the prodromal. Technology tools have been developed to discriminate between people who are in the prodromal and who have a high risk of getting very sick.

Dr. Sophia Vinogradov from UCSF said in medicine terms syndrome is the syndrome of the illness and prodrome (pro from that which comes before the syndrome) depicts that which is happening before the full identifiable syndrome.

Commissioner Lee asked Dr. Cannon how he intends to share the screening mechanism so the people in the school district can help identify whether a child is at risk. Dr. Cannon said the school psychologists and counselors have continuing education, in-service presentations which he attends regularly to provide information on early identification and provides contact information.

Dr. Carter said people who drop out of treatment is an outcome variable. In Phase 1 there has been an enthusiastic reception from the schools and special education programs.

Commissioner Gayle asked if the research is going to be a culturally competent study and will help minority groups. Dr. Carter said each of the communities reflects diversity. In Los Angeles the funded program consists of 40 percent Caucasian and 60 percent is distributed across the minorities that are present in Los Angeles.

Chair Steinberg said he is very excited about this idea; however it is very important that the researchers continue to do outreach to Linford Gayle and others who have the experience and focus on cultural competency to ensure that as this goes forward it is truly reflective of the diversity of California.

Commissioner Poat thanked both presenters for their energized information. He said it was noted in the presentation that the longer duration of untreated psychosis is associated with poor drug response. His interpretation of this is there is a unique opportunity with early intervention. Dr. Carter said this is true and this is well established.

Commissioner Poat asked Chair Steinberg how soon could the Commission entertain a proposal such as this. Chair Steinberg said the Prevention Committee will work on an expedited basis on the use of one time expenditures. The Prevention Committee will bring to the Commission criteria. The Commission will adopt the criteria and then a process for accepting specific proposals will begin.

Commissioner Henry asked if there were any differentiations between those people with schizophrenia and those with bipolar. Dr. Cannon said the criterion is sensitive to psychosis which means the constellation of symptoms of hallucinations and delusions which is a syndrome. This can occur in schizophrenia or bipolar and some forms of

depression. Psychosis is what is being targeted but schizophrenia is the most prevalent form of psychosis. Bipolar will be included.

Commissioner Feldman asked to what extent that this is being developed is likely to have a greater affect in a reasonably shorter period of time on what people do than what has been the case with a lot of other evidenced based practice. Dr. Cannon said the benefits that he has seen, in terms of comparing patients to their own baselines, are statistically and clinically significant by six months of treatment. The magnitude of the improvement is 30 percent on average compared to baseline in the first six months. In phase 2 of the proposal, implementation will occur at the community sites to show that it works and is cost-effective and then Phase 3 is to roll it out.

Commissioner Chesbro asked if the improvement in six months is relating to medication or does it also relate to the psychosocial interventions. Dr. Cannon said he can't separate them yet. Commissioner Chesbro asked how to differentiate between what are developmental stages that might seem eccentric in a teenager, but aren't in fact the early stages of mental illness. Dr. Cannon said the prodromal focuses in on emerging psychotic-like symptoms. He said that adolescence is a turbulent time and much of the emotional turmoil that accompanies the onset of a mental disorder could be described as entering the onset of adolescence. The criteria are sensitive in that they predict about a 50 percent of the people who have a full-blown illness. The other 50 percent have problems and are part of the at-risk group for poor functional outcomes.

Commissioner Prettyman said she is disappointed that central California is left out of this proposal. She asked how families are involved in the treatment program. Dr. Cannon said he employs multi-family groups in which a workshop is provided. The families split off into groups of six or seven and begin meeting every other week for 90 minutes. He uses the family group context as a way to broaden the learning process associated with problem solving and the broad therapies. The focus is on recruiting the family as a partner in the treatment.

VII. Public Comment

Ralph Nelson, President of NAMI California said he is concerned that the Prevention and Early Intervention Committee making a draft and then have comments because the one thing that the California Department of Mental Health was criticized for in their stakeholder project, was that they had already made the draft. He suggested that the Committee have one or two stakeholder meetings before the draft is made, so that their ideas can be included. He said he does not agree with funding research projects, but if the Commission does decide to do this, don't have it centered only in the big metropolitan areas. It should be geographically distributed and the research projects should look at the spectrum of what is happening in the age group (such as dual diagnosis).

Chair Steinberg clarified that the Commission's intention at today's meeting was to hear from the UC researchers regarding the concept of their research and not a proposal. The Committee has not defined yet how they want to address RFPs or RFQs. He asked the Prevention Committee to look at this issue and what differentiations it may want to make between ongoing expenditures and research other categories, and then as early as they can report back to the Commission.

Walter Shwe, Chair-Elect of the California Mental Health Planning Council, said his comments are his personal view. He said people who will be doing education and training will be encountering that some clinicians do not understand recovery and resiliency. He urged the Prevention and Early Intervention Committee to invite experts for consumer operated programs to their conference in July. Commissioner Prettyman said the Committee will be looking for consumers and family members that are experts.

Richard Van Horn said the issue of prodromal studies which are being done and have been demonstrated to work is extremely important. The piece that was missing from studies done years back was the understanding of what the prodromal aspects are. Putting this knowledge to work in our system is important.

Mary Jane Gross, President of Stars Behavioral Health Group, there are children who are not on the trajectory to be psychotic or have a psychotic illness, but nonetheless they have major behavioral problems that prevent them from getting the services they need. In looking at an evidenced-based practice the entire realm of the types of children and families need to be looked at. In her view evidenced-based practices are not a one size fits all. There are different practices that work and are absolutely appropriate for very certain and specific types of populations. She has very serious emotionally disturbed children that she deals with, and out of those children that she deals with, about 10 percent would fall into the psychotic realm.

Sharon Roth, with NAMI spoke to education and training, prevention and early intervention. She said she hasn't heard anything about the need to train the primary care providers. If a pediatrician was able to recognize the early symptoms of an illness a child wouldn't face other problems. She would appreciate the Commission considering the training of primary care providers and pediatricians.

Patty Gainer, a Board member of the California Network of Mental Health Clients, said she is speaking today for the client network's MHSA Client Implementation Team. She recommended that the Commission add to their core role and strategic directions, the design and implementation of a formal process for clients and their loved ones to file complaints or grievances and for the Commission to investigate and remedy them. She feels a formal process to file, investigate and remedy grievances is needed to alleviate problems. Chair Steinberg said he feels she makes a compelling point, and the Commission should hear these issues in terms of being able to send a message to a county or system, but he doesn't feel the Commission can hear individual appeals. The Commission will figure out how it can help create a body for that process and make sure that the Commission is used as a forum to shift policy in ways that may be leading to those outcomes. This item will be placed on a future agenda.

Eleanor Prouty with the Service Employees International Union addressed the work force development and the role of the Commission. In terms of the work force development, the SEIU is supportive of having training standards but it is important that they can be adapted locally. It is important that direct care staff also be included in planning training as it happens and in setting up the ongoing follow-up. She supports the idea of career ladders within mental health as part of the ongoing need to raise wages. She said she is impressed with the Commission and in their keeping people's hope going.

Sandra Marley a client advocate said she wanted to address the symptoms of youth at risk and that nothing has been breached about substance abuse. She suggested that a model of

cultural anthropology be looked at. She said the Commission is a breath of fresh air that reminds her of Parliament.

Cheryl Torres with the Power and Support Team from San Joaquin Valley said she has had a very positive process, but there are a lot of barriers within the system that are preventing her from reaching her goals. One of the barriers is that sanction checks are needed in order to volunteer and work in the mental health field. From the age of 17 to 20 is about when the first episodes occur so many times students are in college by this time and they end up dropping out of college, go into a recovery process and when they try to get back into the system there is a barrier there, that being the sanction check. She asked for help from the Commission in this area.

Delphine Brody, the Bay Area Regional Coordinator of the California Network of Mental Health Clients, said the Network's client, MHSA Implementation Team is working on a position paper with recommendations for the MHSA prevention and early intervention component. The first draft was presented in January and focused on the issue of the reduction of stigma discrimination. The four top groups that people said were responsible for discrimination in their lives was the Mental Health System, community and society, family members, and the criminal justice system. The following is an excerpt from the Network's draft position paper: "The Mental Health Services Oversight and Accountability Commission should identify a minimum percentage of funds from the prevention early intervention program revenue that will be spent on campaigns to address stigma and discrimination. The CNMHC strongly recommends that at least 50 percent of prevention early intervention program funds be allocated for this effort." This should be highly prioritized. Chair Steinberg asked Ms. Brody to get copies of the recommendations to the Commission.

Sylvia Caras thanked the Commission for their hard work. She is an elected member of the American Public Health Association Mental Health Section Executive Planning Council and she is especially pleased to have heard the emphasis on public health. She urged restraint in screening youth and to instead ask why are kids acting out and instead of making kids victims of illness look at the educational system and other social determinants. She hopes that early intervention would mean peer support and outreach teams in place, not for a crisis but at the first sign of a problem.

Jeff Gilmpetro from San Joaquin County talked about early intervention technology and diagnosis of schizophrenia. There is a series of test, the PET Scan, the MRI and DNA tests, amino acid test that can tell a diagnosis of schizophrenia or mental illness whatsoever. He suggested to the Commission that they at least look into this type of testing and adopt some of these tests in our own practices.

Kirsten Deichert said: "I'm working to increase my department's public relations capacity in anticipation of MHSA Early Intervention and Prevention. However, many of my colleagues are fearful that increasing public awareness about mental illness will create demand for services that we don't have funding for staff to provide. How can we deal with this dilemma?" Chair Steinberg said Prop 63 is not the end of the ball game when it comes to mental health. Everything we do should be about leveraging these dollars to increase capacity more than the Prop 63 dollars on their own can increase capacity. Secondly, the fact that we are putting $700 million in the system does not negate the absolute importance of federal, state and county government to continue to invest in evidenced-based practices and services for people who may not be able to

access them through the limited Prop 63 funding. Commissioner Gayle said the stigma reduction will probably be a five year plan and we don't have to worry about a lot of people requesting services because many people don't trust the system and/or they don't believe they have a mental illness. He hopes that work force development will work simultaneously with the influx of underserved populations.

Michele Curran, Director of the Office of Self-Help thanked the Commission and Ms. Clancy for the stress they have placed on cultural competency throughout the structure and philosophy of the Commission. She said if anyone is interested in cross disability issues and the ADA to call her. She believes that clients are the experts and they do have skills to offer and she is afraid that classifications (civil service merit rates) and more and more barriers will be placed so that people with disabilities will not be able to participate at every level. She recommended to the Commission that there should be the ability to play policy roles whenever policies are being made. She said the organizational structure presented yesterday showed her that the Commission is going to have some real direction and organization. This morning's presentation by Sergio Aguilar-Gaxiola was so client friendly and understanding, but then the next presentation was so medical-model, so non-transformational and so biased that it confused her.

Susan Gallagher, Executive Director of the Sacramento Mental Health Association said she feels the voice of youth has been conspicuously absent from this discussion and it raises concerns for her. The youth should not be overlooked. She said it would be helpful if the OAC met in the evening or weekends so that youth could come and participate. She also advocated a committee where youth can voice their concerns.

Steve Szalay, Executive Director of the California State Sheriff's Association, said his Association has benefited greatly from Commissioner Kolender. The Sheriff's consider themselves full partners in the kinds of programs that needs to come out of this effort and as the mental health system is transformed. In terms of law enforcement funding, additional training is vitally needed in their collaborative approaches with mental health clinicians and others. Secondly, there has been some great success come from collaborative programs and he believes they need to grow in the future, and those types of collaborative programs where law enforcement is involved should certainly be eligible for funding. New and additional services that are provided through collaboratives should be funded. He said you shouldn't have a policy that is so restrictive that you shut the door on innovative programs that may not have even been thought of. The third point is that front line basic law enforcement services should continue to be funded through city and county funding.

Richard Harig who is employed by the County of Sacramento as Program Manager of the Mental Health Services Act said he is not speaking as a representative of Sacramento County, but as a citizen. He said that at the age of 17 he graduated from high school and started the University of California at Berkeley as a pre-med major the following year, and by October he was so depressed that he couldn't get out of bed to go to class. During this time he learned that alcohol let him function and from December 1964 through May of 1965 he had five alcohol related arrests. As a consequence he was dismissed from the University and ended up spending 14 years on active duty through the Marine Corps, Army, National Guard and 7 years in the reserves. During this time he became licensed in three states as a psychologist. To this day he is dealing with the consequences of the arrests that took place in Berkeley in 1964. The need for transformation transcends a collaborative program. It is about transforming the way that we look at mental illness in

society. He supports the policy statement excluding number 3, "Only those mental health law enforcement collaborative programs that develop as a result of specific recommendations from clients and/or family members." There are a lot of stakeholders in the community above and beyond family members that ought to have a voice in that.

VIII. Policy Issues

Chair Steinberg asked for comments or questions from members of the Commission regarding the strategic direction and organizational structure as proposed.

Commissioner Henry asked for clarification on each specific recommendation.

Ms. Clancy said the first recommendation has to do with the role. What the Commission will be voting on is whether or not this is an appropriate role (page 6). Recommendation one is that the Commission's specific charge is to make mental health relevant to the public and the second recommendation is that the Commission's charge is to hold the state and the counties accountable for public health outcomes.

The second set of recommendations within the strategic directions is on page 16 and is: (1) eliminate cultural disparities and access to and quality of services; (2) increase partnership coordination and collaboration and service and support delivery, and (3) to increase communication with an involvement of the broader public.

The specific strategies are to ensure a mechanism for integration of coordination across OAC committees, ensure a mechanism of communication with county level community service and support plan organizers, ensure coordination with the California Mental Health Planning Council and the Wellness and Recovery Standards, establishing a comprehensive long-term plan to determine how the Mental Health Services Act funded programs would be incorporated to ensure transformation, and establishing a plan for coordination in a collaboration with the State Department of Mental Health.

The last set of activities is to increase communication with the broader public, establish positive relationship with press, radio stations and local television.

Regarding the organizational structure there are two recommendations. One is to create an Executive Committee. And the organizational chart should include a box that has similar lines to the OAC and the Department that refers to the Legislature both making appointments as well as providing oversight, budget review and approval, and moving Mental Health Stakeholders up into a more central role in the chart, and to affirm the Bagley-Keene Act.

Commissioner Gayle moved to approve the budget change proposal in concept allowing the Executive Director to move forward with a report back next month to the full Commission; seconded by Commissioner Henry. Motion carried unanimously.

Commissioner Doyle moved approval of the strategic plan as presented; seconded by Commissioner Gayle. Motion carried unanimously.

Commissioner Diaz announced that the deadline for the Capital Facilities is being extended to April 7, 2006 so anyone interested in applying should log on to the website and complete an application.

Chair Steinberg said he wanted to clarify a misimpression. The main document for draft principles for law enforcement collaboratives were refined by staff and Commission members and it is on the table for anyone interested.

Ms. Wynne explained the changes to the guidelines that are public and if there is a consensus among the Commission they can be adopted. She proposed the following sentence to be added: In the second paragraph add, "The funding established pursuant to this Act shall be utilized to expand mental health services." She also stated that in a partnership everybody brings something to the table. She said that other change is that she moved from the fourth position to the first position that "One hundred percent of MHSA funding is for mental health services within mental health/law enforcement collaborative programs and that in applying this principle the OAC would comply and be guided by the Attorney General's opinions."

Commissioner Feldman moved to adopt the guidelines as amended; seconded by Commissioner Lee. Motion carried unanimously.

The meeting was adjourned.